



CDSS

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**DEPARTMENT OF SOCIAL SERVICES**  
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EDMUND G. BROWN JR.  
GOVERNOR

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

August 09, 2016

ALL COUNTY INFORMATION NOTICE NO. I-60-16

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CALFRESH PROGRAM SPECIALISTS

SUBJECT: CALFRESH AND THE NATIONAL SCHOOL LUNCH PROGRAM:  
ANNUAL REMINDER OF ASSEMBLY BILL 402 (CHAPTER 504,  
STATUTES OF 2011)

REFERENCE: [ASSEMBLY BILL 402](#), [ALL COUNTY INFORMATION NOTICE I-38-13](#)

The purpose of this annual reminder letter is to provide direction to County Welfare Departments (CWDs) about Assembly Bill (AB) 402. This bill allows Local Education Agencies (LEAs), defined as a school district or county office of education, and CWDs to share information regarding school lunch participants who may be eligible to receive CalFresh benefits. The goal of this program is to increase the number of eligible families receiving CalFresh by using information about students who are presently receiving free or reduced-price lunches at school.

Current law requires LEAs to provide an application for free- and reduced-price (F/RP) meals to all pupils and that those students who qualify for F/RP meals are provided access to one nutritionally adequate meal each school day.

Under AB 402, CWDs can enter into Memorandums of Understanding (MOUs) with LEA's to share, with the permission of the parent or guardian signing some form of consent, information submitted on the National School Lunch Program (NSLP) application with the local county CalFresh office. The CWDs may use this information as an initial written request for a CalFresh application for the child and/or his or her family. The bill does not require counties to participate in this program; it is voluntary, but participation is strongly encouraged by the California Department of Social Services (CDSS), the California Department of Education (CDE), and the California legislature.

The LEAs have the choice to use a redesigned NSLP application that includes an AB 402 parental consent section with a check box. This option allows an LEA to send a copy of the F/RP meal application directly to the CWD, or to continue including a consent form with every NSLP application packet, which a parent or guardian may sign. The LEA will send a copy of the consent form along with a copy of the approved NSLP application to the CWD.

As of this year, a Spanish version of the NSLP is available on the [CDE website](#). This is a translated version of the application that requires the additional consent form. There is no translation of the version with the CalFresh checkbox at this time.

A blank copy of both English versions of the application (with and without checkbox) along with a copy of the consent form, are enclosed.

### **Funding**

Costs for CWD activities involved in processing CalFresh benefit applications related to NSLP referrals may be claimed to the appropriate program codes under the CalFresh Administrative Allocation. The budget for CalFresh Administration funding is adjusted commensurate with caseload increases or decreases. However, CWDs may receive funding for these administrative activities prior to households participating in CalFresh by providing advance notice to CDSS of their entering into an MOU with an LEA, and the anticipated start date. Any CWD wishing to participate in the future should contact Bill Belon via e-mail at [william.belon@dss.ca.gov](mailto:william.belon@dss.ca.gov).

### **Establishing MOUs with LEAs**

In order to establish an MOU with an LEA, certain criteria must be met within the body of the MOU. An LEA may be a school district or county office of education (including private and charter schools). These criteria include but are not limited to:

#### **Student Eligibility & Parent Consent:**

- The MOU must require that the NSLP application, or information contained therein, may only be shared by a school district or county office of education (LEA) with the local agency that determines CalFresh eligibility (local CalFresh agency) if (1) the child who is the subject of the NSLP application is approved for free or reduced-priced meals and (2) the parent or guardian of the child consents in writing to the sharing of that information pursuant to Education Code section 49557.3(a).
- The MOU must provide that the written consent to be obtained from the applicant will contain statements that the applicant is aware that they are consenting to the sharing of the NSLP application with the local CalFresh agency for purposes of determining eligibility for the CalFresh program, that the NSLP application and the information contained therein is confidential and will not be shared with any

other office or for any other purpose beyond enrollment in the CalFresh program, that participation in the CalFresh program is strictly voluntary and that the CalFresh agency will provide the applicant with a CalFresh application for the purposes of enrollment in the CalFresh program.

Roles, Responsibilities, and Processes:

- The MOU must set forth the respective roles and responsibilities of the LEA and the local CalFresh agency, including the processes to be used in sharing the NSLP application/information, such as whether the sharing will be conducted physically or electronically.
- The MOU must describe the information to be disclosed by the LEA and how it will be used by the local CalFresh agency. This includes whether the NSLP application itself will be shared or only the information therein, how much of the information will be disclosed and whether the MOU will apply to students approved for free meals only or to students approved for reduced-price meals as well.

Confidentiality:

- The MOU must state that the NSLP application and the information contained therein is confidential and shall not be used by the local CalFresh agency for any purpose not directly related to the enrollment of families in the CalFresh program, and that it should not be shared by the local education agency or local CalFresh agency with any other government agency, including the United States Citizenship and Immigration Services (formerly Immigration and Naturalization Services) or the Social Security Administration, unless specifically authorized to do so pursuant to other provisions of law.
- The MOU must describe how the information that is shared will be protected from unauthorized use and disclosure, including stating that the National School Lunch Act (NSLA) establishes a fine of not more than \$1,000 or imprisonment of not more than 1 year, or both, if any eligibility information is published, divulged, disclosed, or made known in any manner or extent not authorized by federal law. This includes the disclosure of eligibility information by one entity authorized under the NSLA to receive the information directly from the determining agency. In addition to the above, the MOU shall state that United States Code 5 USC 552a(i) establishes a fine of not more than \$5,000 for any employee who willfully discloses confidential or individually identifiable information in any manner to any person or agency not entitled to receive it, or who knowingly and willfully requests or obtains any record concerning an individual from an agency under false pretenses.

Authority:

- The MOU must be entered into by each LEA and each local CalFresh agency that wishes to engage in information sharing and should be signed by representatives of each respective agency or their designees, who have authority to enter into such an agreement.
- The MOU must require that any NSLP applicant whose information is shared with the local CalFresh agency be required to complete a CalFresh application prior to enrollment in the CalFresh program.

**County Responsibility**

If the CWD receives information for a student who is not already enrolled in CalFresh, the CWD shall treat the NSLP application as a written request for a CalFresh application. The CWD shall contact the parent/caretaker of the child to request additional information pertinent to determining eligibility and send them a CalFresh application via mail or e-mail to complete and sign. This should be done the same day as receipt of the consent form and NSLP application per MPP 63-300.34: *"An application shall also be mailed on the same day a written request for food assistance is received."*

Upon receipt of the signed CalFresh application, the normal processing timeframes for CalFresh shall apply. If, after reviewing the CalFresh application, the CWD determines that the child is not eligible to receive CalFresh benefits, the CWD must notify the parent/caretaker of the child of this determination. In a case where the child is already receiving CalFresh benefits, the NSLP application is to be destroyed. No other action is to be taken.

The CWD shall check all NSLP applications for eligibility for Expedited Service (ES). For purposes of ES processing, the CWD shall request information from the parent/caretaker necessary for processing a CalFresh application at the first point of contact following receipt of information. If ES is warranted, the ES processing timeframes shall apply from the point of receipt of the signed CalFresh application.

If the LEA uses the two-form system (application and consent form), there may be occasions when the CWD receives one document before the other from the LEA. The CWD must wait until it has **both documents** (NSLP application and consent form) before processing. If the consent form is received (for the application/consent form version of the NSLP), and the CWD has the consent form without the NSLP application, the CWD may not have enough information to process, or if the CWD receives the NSLP application but not the consent form, the CWD does not have permission from the parent/caretaker to process the information provided.

If the parent/caretaker of the child refuses to provide the information necessary to complete a CalFresh application, or does not return a signed CalFresh application, the CWD shall send notification that the request for application was not approved and shall state the reasons why.

**Confidentiality**

All information on the NSLP application received by the CWD, as well as any additional documentation, will remain confidential and will only be used for the determination of CalFresh eligibility, except as specifically authorized to do so pursuant to other provisions of law.

In cases where an NSLP application is part of the dual form system, a copy of the consent form will accompany the NSLP application. Once the NSLP application information is entered into a CalFresh application, and the form is no longer needed, the NSLP application should be destroyed. The consent form is to be kept by the CWD for its records. If the NSLP application is the "consent box" version, no consent form will be received and therefore no consent form will be kept on file. When finished with the NSLP application it is to be destroyed. In this case, a note must be made in the case file stating that the CalFresh referral came from a NSLP application with the consent box checked.

If you have any questions concerning this letter, please contact your CalFresh county consultant or the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

***Original Document Signed By:***

KIM McCOY WADE, Branch Chief  
CalFresh Branch

Attachments

NSLP Application without CalFresh Option

Consent Form

NSLP Application with CalFresh Option

School Year 2016-2017 **[insert school name]** Application for Free and Reduced-Price Meals Complete one application per household.

Read the instructions included with Application on how to apply. Please print and use a pen. You may also apply online at **[insert Web address]**. This institution is an equal opportunity provider.

**California Education Code Section 49557(a): “Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.”**

STEP 1 – STUDENT INFORMATION

Children in **Foster Care** and children who meet the definition of **Homeless**, **Migrant**, or **Runaway** are eligible for free meals. Attach another sheet of paper for additional names.

Enter the name of <b>EACH STUDENT</b> who will attend school (First, Middle Initial, Last)	Enter <b>school name</b> and <b>grade level</b>		Enter <b>student’s birth date</b>	Check the applicable box if the student is <b>foster, homeless, migrant, or runaway.</b>			
<b>EXAMPLE: Joseph P Adams</b>	<b>Lincoln Elementary</b>	<b>1st</b>	<b>12-15-2010</b>	Foster Child	Homeless	Migrant	Runaway
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

Do ANY household members (including yourself) currently participate in one of the following assistance programs?

If **NO**, skip STEP 2 and complete STEP 3.

If <b>YES</b> , do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4.	Select Program Type: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	Enter Case Number:
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STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered ‘Yes’ to STEP 2)

<b>A. STUDENT INCOME:</b> Sometimes students in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here. Report total income in whole dollars earned before taxes and deductions. Enter the appropriate pay period: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly			Total Student Income		How Often	
			\$			
<b>B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):</b> List ALL household members not listed in STEP 1 <b>even if they do not receive income</b> . For each household member, report the TOTAL income for each source in whole dollars only. If they do not receive income from any source, write “0”. If you enter “0” or leave any fields blank, you are certifying (promising) that there is no income to report. Report all income earned before taxes and deductions. Enter the appropriate pay period in the “How Often” column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly						
Enter the name of <b>ALL OTHER</b> Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
<b>Total Household Members</b> (Children and Adults)			<b>Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member</b>		<b>Check the box if NO SSN</b>	<input type="checkbox"/>

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: “I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.”

Signature of adult completing this form:		
Print Name:		
Today’s Date:	Phone Number:	
Address:		
City:	State:	Zip:
E-mail:		

<b>DO NOT COMPLETE. SCHOOL USE ONLY</b>		
Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12 How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Total Household Income
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)	<input type="checkbox"/> Categorical
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<input type="checkbox"/> Error Prone
Determining Official’s Signature:		Date:
Confirming Official’s Signature:		Date:
Verifying Official’s Signature:		Date:

OPTIONAL – CHILDREN’S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced-price meals.

<b>Ethnicity (check one):</b>		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
<b>Race (check one or more):</b>		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	

## PARENTAL OR GUARDIAN CONSENT TO RELEASE SCHOOL MEAL APPLICATION TO THE CALFRESH PROGRAM

Dear Parent/Guardian:

Your participation in the Free and Reduced-Price (F/RP) school meal program means your family could be eligible for the CalFresh food assistance program. CalFresh provides monthly benefits to households for purchasing the food they need to maintain adequate nutrition. By signing this form, you consent to allow the \_\_\_\_\_ District (District) to share the information you provided on your F/RP school meal application with the \_\_\_\_\_ County CalFresh Office (CalFresh Office) that is responsible for determining eligibility (benefits) for the CalFresh program. Or if you prefer to apply directly and not exchange this information, you may call the CalFresh program at 1-877-847-3663 or apply online at [www.calfresh.ca.gov](http://www.calfresh.ca.gov).

**Please note, your participation in the CalFresh program is voluntary. Failure to sign this consent form will not affect your child's eligibility or participation in the district's F/RP school meal program.**

☐

Please check the box above  
if you want to apply for  
CalFresh benefits for your  
family.

Yes! I want the District to share information from my F/RP school meal application with the CalFresh Office to determine if my family is eligible for CalFresh benefits. I realize that the information provided will be shared only with the CalFresh Office.

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

**By signing this consent form, I voluntarily consent to let the District share the information on my F/RP school meal application with the CalFresh Office, and I acknowledge that I have read and understood all the information on this form.**

**Also, by consenting to this process, I understand that the CalFresh Office will provide me with a CalFresh application to determine CalFresh eligibility.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

*If you have any questions about this form or this process, you may contact (First name Last name), (Title.....), at (area code + phone number) or by e-mail at (e-mail address.....).*

School Year 2016-2017 [insert school name] **Application for Free and Reduced-Price Meals with CalFresh Option** Complete one application per household.

Read the instructions included with Application on how to apply. Please print and use a pen. You may also apply online at [insert Web address]. This institution is an equal opportunity provider.

**California Education Code Section 49557(a): “Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.”**

**STEP 1 – STUDENT INFORMATION**

Children in **Foster Care** and children who meet the definition of **Homeless**, **Migrant**, or **Runaway** are eligible for free meals. Attach another sheet of paper for additional names.

Enter the name of <b>EACH STUDENT</b> who will attend school (First, Middle Initial, Last)	Enter <b>school name</b> and <b>grade level</b>		Enter <b>student’s birth date</b>	Check the applicable box if the student is <b>foster, homeless, migrant, or runaway.</b>			
<b>EXAMPLE: Joseph P Adams</b>	<b>Lincoln Elementary</b>	<b>1st</b>	<b>12-15-2010</b>	Foster Child	Homeless	Migrant	Runaway
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR**

Do ANY household members (including yourself) currently participate in one of the following assistance programs?

If **NO**, skip STEP 2 and complete STEP 3.

If <b>YES</b> , do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4.	Select Program Type: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	Enter Case Number:
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**STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered ‘Yes’ to STEP 2)**

<b>A. STUDENT INCOME:</b> Sometimes students in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here. Report total income in whole dollars earned before taxes and deductions. Enter the appropriate pay period: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly										Total Student Income		How Often		
										\$				
<b>B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):</b> List ALL household members not listed in STEP 1 <b>even if they do not receive income</b> . For each household member, report the TOTAL income for each source in whole dollars only. If they do not receive income from any source, write “0”. If you enter “0” or leave any fields blank, you are certifying (promising) that there is no income to report. Report all income earned before taxes and deductions. Enter the appropriate pay period in the “How Often” column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly														
Enter the name of <b>ALL OTHER</b> Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/ Child Support/Alimony	How Often	Pensions/Retirement SSI/All Other Income	How Often								
	\$		\$		\$									
	\$		\$		\$									
	\$		\$		\$									
	\$		\$		\$									
<b>Total Household Members</b> (Children and Adults)				<b>Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household</b>					<b>Check the box if NO SSN</b> <input type="checkbox"/>					

**STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE**

Certification: “I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.”

Signature of adult completing this form:		
Print Name:		
Today’s Date:	Phone Number):	
Address:		
City:	State:	Zip:
E-mail:		

<b>DO NOT COMPLETE. SCHOOL USE ONLY</b>			
Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12 How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Total Household Income	
Total Household Size	Approved: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Denied	<input type="checkbox"/> Categorical	
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<input type="checkbox"/> Error Prone	
Determining Official’s Signature:		Date:	
Confirming Official’s Signature:		Date:	
Verifying Official’s Signature:		Date:	

**OPTIONAL – CHILDREN’S ETHNIC AND RACIAL IDENTITIES**

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced-price meals.

**Ethnicity (check one):**

☐ Hispanic or Latino                      ☐ Not Hispanic or Latino

**Race (check one or more):**

☐ American Indian or Alaskan Native   ☐ Asian   ☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander   ☐ White



OPTIONAL - CONSENT TO SHARE INFORMATION FOR CALFRESH BENEFITS

Pursuant to California Education Code 49558(d)

Upon consent, this application or the information it contains, will **only** be shared with your local CalFresh agency and **only** for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the student’s parent or guardian. In households with multiple families, the parent or guardian of each student must sign for their own child(ren). Declining to provide consent will not affect your child’s eligibility for the free and reduced-price meal program.

☐ Check this box if you are the parent or guardian of **every student** listed in STEP 1 to consent to sharing this application as stated above. The parent or guardian must print and sign their name, and enter today’s date below.

Print Name of Parent/Guardian: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

In households with multiple families, the parent or guardian of each student must approve and sign for their **own child(ren)**. To consent to sharing this application as stated above, the parent or guardian must print their child’s name, print their name, sign their name, and enter today’s date below.

Print Student Name	Print Name of Parent/Guardian	Signature of Parent/Guardian	Today’s Date